

# JOHN WALSH/JOHN FETZ MEMORIAL SCHOLARSHIP APPLICATION

Please write legibly and return this signed form by May 11<sup>th</sup>, 2007

Mail to: John Walsh/John Fetz Memorial Scholarship Committee  
P.O. Box 391177, Mountain View, CA 94039

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Last Name	First Name	MI	High School
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Birth Date	Social Security Number	email address
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Mailing Address	City	zip	home phone
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Parent/Guardian	Occupation
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Parent/Guardian	Occupation
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Please attach high school transcripts.

Are you the relative of a Mountain View Firefighter?      Yes      No

If Yes, Whom: \_\_\_\_\_

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Date of college enrollment	Name of college	Major
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Please briefly describe your college plans:

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High School Awards / Extracurricular Activities	Year/s

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[illegible][illegible]

Write a brief statement of your background, personal goals and why you feel you merit consideration for this scholarship award. (500 words or less, use additional paper if necessary)

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Signature \_\_\_\_\_ Date \_\_\_\_\_